



Small Town. Real Life.

Authorization Agreement for ACH Debit Payments

Date: _____ - _____ ☐ New Request ☐ Change
Utility account number

(Please Print)

Name (First, MI, Last)

Co-Applicant's name if joint account (First, MI, Last)

Service Address

() _____
Daytime phone

I/We hereby authorize the City of Duvall to automatically withdraw funds from my/our ☐ checking account ☐ savings account (select one only), the amount on my/our monthly utility statement for the above reference service address and the financial institution, named below to accept such withdrawals initiated by the City of Duvall. The withdrawal shall be made from my/our checking or savings account on the due date, the first of each month following the bill date.

Financial institution

Branch

City

State

Zip

()

Telephone

Transit/Routing No.

Account No.

This authorization is to remain in effect until the City of Duvall has received written notification from me/us of termination at least five business days prior to the next scheduled deduction. *Incomplete applications will not be accepted.*

Signature

Date

Signature of Co-Applicant (if applicable)

Date

**ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT OR
A DEPOSIT SLIP FROM YOUR SAVINGS ACCOUNT TO THIS AUTHORIZATION FORM.**